

2344

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

2.00

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 50 Teton 0883 Choteau Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 1 1712 No BARKER, ERNIE & KIM 11.00 1 1713 No BURDICK, ROB 3.00 1714 DALEY, RON & SHELBY 1 No 1.00 1717 DEPNER, ROSS 0.50 1 No 1718 1 No HANSON, MARGARET 1.25 1 1720 No JOHNSON, BRYON & DAWN 1.00 1 1722 No PHILLIPS, CARRIE 2.50 1723 RAMMELL, SHANUN & JAMIE 3.00 1 No SALMOND, MARY 1 1726 1.95 No STOTT MARILEE, 1 1728 Yes 0.13 1 1983 No RAMMELL, SHANUN & JAMIE 1.50 1 2343 No Gonzalez, Alex 8.00

TR-5 (1/05) Page 1

Caskey, Susan & Alvin

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1

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

6.00

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 50 Teton 0884 Choteau H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1715 No DELLWO, DUKE 8.00 1 1716 No DELLWO, JOE & DONNA 5.00 1719 HODGSKILL, BRAD & JONEL 5.25 1 No PEEBLES, BILL & SONJA 1721 No 6.00 1 1 1724 No RAPPOLD, JOHN R 4.00 1 1725 No REIDING, THERESA 1.15 1 1727 No SHEPHARD, ROSLYN 2.00 1728 STOTT MARILEE, 1 Yes 0.12 1729 WALLACE, KEITH & BONNIE

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Shared

No

Rice, Sharon

12

2374

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

Rate

2.25

State	
District	
County	

Transported

		ena, MT 59620-2	2501	Individua	al and Isolated Tr	ansportation	County
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLE	ETE THIS CLAIM FO	OR STATE REIN	MBURSEMENT FO	R INDIVIDU	UAL AND ISOLAT	ED TRANSPOI	RTATION:
This claim	is for the period beginnin	_		_ and ending			
CEDEVEY	CA TON	month	day		month	day	_
CERTIFI	CATION:						
The inforn	nation on this form is com	plete and accurate to	the best of my knowledg	e .			
Date		Signature, Chair, Bo	oard of Trustees				
County:		District:				District Level:	
50 Teton	l	0889 Bynum	ı Elem			Elementary	
District Cou	ntract	•				Daily	# of Days

Family's Name

PI

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District	
County	

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COMPLE	TTE THIS CLAIM FOR STATE REIMBURSEMENT FOR	R INDIVIDUAL AND ISOLATED TRANSPORTATION:
This claim	is for the period beginning	and ending, 20

			month	day	month	day	
CERT	IFICATI	ON:					
The in	nformation (on this for	n is complete and accurate t	to the best of my knowledge.			
Date			Signature, Chair, I	Board of Trustees			
County:			District:			District Level:	
50 Tet	ton		0890 Fairfi	eld Elem		Elementary	
District	Contract					Daily	# of Days
#	#	Shared		Family's Name		Rate	Transported
21	1707	No	WAMBACH, KAREN			2.15	

0	PI	

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0894 Power Elem 50 Teton Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 30 1710 No SOMERFELD, CHARLA & DUSTIN 0.25 NEUMANN, JAMES 30 1711 No 2.50

PI

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PO Box 202501

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PI

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First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 50 Teton 1235 Dutton/Brady K-12 Schools **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 28C 1993 No HODGSON, DICK 8.50 BLANCHET, JOHN 28C 1994 No 2.50 28C 1995 No ERICKSON, MARY & DUSTIN 2.75 28C 1996 FRITZ, JOE & HEIDI 1.50 No